

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_10

Offer Name: Building Healthy Communities in Iowa—Iowa Smiles

This offer is for an: improved existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH, University of Iowa College of Dentistry

Additional stakeholders: Iowa Department of Economic Development, Iowa Department of Education, Iowa Department of Human Services, local boards of health, local boards of supervisors, local public health providers, home and community-based providers, health care facilities and providers in Health Professional Shortage Areas, insurance companies, the Iowa-Nebraska Primary Care Association, Iowa Dental Association, Iowa Dental Hygienists' Association, Iowa Dental Assistant Association, Iowa Hospital Association, Iowa Health Care Association, Iowa Association of Homes for the Aging, and Iowa Care Givers Association.

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OFFER DESCRIPTION

The Health Buying Team is seeking offers that assure “All Iowans Have Access to Quality Care,” that “Improve Preventative Strategies and Health Education,” “Improve Quality of Life,” and “Improve the Health Care System.” The Iowa Department of Public Health, in collaboration with the partners listed above, proposes the following activities to achieve these strategies:

- 1) **Improved Service – Mobile Dental Health Access:** Develop a mobile dental delivery system designed specifically for low-income special care populations. Develop and implement training and education for dental providers for treatment of at-risk populations. Transport portable equipment for on-site comprehensive care at long-term care facilities, group homes, Head Start centers, schools, WIC clinics, and other satellite sites. Staff at these sites would be local volunteer dental providers, community health dental center staff, university dental students, community college dental hygiene, and dental assistant students. The U of I College of Dentistry will assist with education and training.

OFFER JUSTIFICATION

Return on investment: This proposal allows IDPH to leverage additional funding. Based on the target populations, IDPH anticipates that Medicaid funding may be available for services. Other potential sources of funds include private resources such as the Wellmark Foundation, Iowa Health Foundation, and Delta Dental Plan.

Preventing dental disease is more cost-effective than paying for treatment of dental disease, which could result in savings to the state Medicaid program. For example, the cost for placing one dental sealant, to prevent decay on chewing surfaces of permanent molars, is less than half the cost of a silver filling. The cost to treat early childhood caries (rampant tooth decay in children under age three) is \$1,000 to \$2,000

per child. Primary prevention of dental disease for a one-year-old can be provided through a dental exam and application of fluoride varnish 3 times a year, with a Medicaid cost of \$63.

Disparate and at risk/vulnerable populations: All Iowans receive services from this offer. Vulnerable populations receiving additional focus include rural, underserved, elderly, youth, racial/ethnic minorities, health providers, agencies, and organizations and rural communities.

Impact on Iowans

Only about 42% of Medicaid-enrolled children, ages 0-21 years, received any dental service in FFY2003. Approximately 73% of Iowans 65 and older reported having a dental visit in the past year (2002). Improved access to dental care can result in better quality of life and health for children and the elderly. According to the Surgeon General's report on oral health, barriers to oral health include lack of access to care, whether because of limited income or lack of insurance, transportation, or the flexibility to take time off work to attend to care. At-risk populations, including children under 5, low-income, rural, racial, ethnic, minorities, elderly, uninsured and underinsured are less likely to have access to dental care and more likely to have unmet dental needs. National access-to-care issues are mirrored in Iowa. This plan to provide no-cost dental treatment at multiple sites throughout the state using portable equipment and volunteer dental providers would eliminate most or all of these barriers.

As the number of dentists in rural Iowa has declined, access to oral health care has become sporadic or non-existent for many Iowans, especially the elderly, low-income and vulnerable adults and children ages 0-5, and those with special health care needs. This access problem was documented in a 2002 report issued by *Oral Health America*, which gave Iowa a grade of B- overall for dental services. However, in the categories of access to care, visits to dentists by those with incomes below \$15,000 and dental insurance for the elderly, Iowa's marks declined from C- to F respectively.

The vast majority of tooth loss results from dental disease that is largely preventable when access to oral health services is available and proper care is provided. In Iowa there are three major factors contributing to poor oral health: access to care; cost of care; and a rapidly declining number of dental professionals willing to practice in rural Iowa. This issue is further complicated by the fact that in 89 of Iowa's 93 rural counties, nearly one quarter of the population is over the age of 65, and many of these persons have extremely limited or no access to oral health care services.¹

The goal is to improve access to dental health care for underserved children, elderly, low-income Iowans, and pregnant women in rural areas of the state. If left untreated dental health problems can lead to far more serious and costly health problems. For example, mouth infections can lead to serious complications for pregnant women. Low-income children have twice as much tooth decay as other children and more than 51 million school hours are lost to dental-related illnesses each year nationwide. Particularly among the elderly, mouth infections can worsen other chronic conditions such as diabetes and reduce a person's overall resistance to disease. According to the Centers for Disease Control, 24 percent of Iowans over 65 have lost all their natural teeth due to tooth decay and gum disease.

PERFORMANCE MEASUREMENT AND TARGET

Percent of Iowans over 65 that report having a dental visit in the past year: Baseline 73% in 2002. Target – 80%.

Percent of Medicaid-enrolled children, ages 0-21 years, who receive any dental service: Baseline 41.7% in 2003. Target – 43%.

PRICE AND REVENUE SOURCE**Total Price: \$874,985 (\$874,985 state)**

Expense Description	Amount of Expense	FTEs
Improved Service Direct Costs	836,460	1.00
Improved Service Administrative Costs	38,525	0.15
Total	874,985	1.15

Revenue Description	Amount
Improved Service General Fund	874,985
Total State Funds	874,985

REFERENCES

¹ Currently, 72 of Iowa's 99 counties are designated as Dental Health Professional Shortage Area counties. Of concern is that a significant number of Iowa dentists will be retiring in the next 10 years. In rural Iowa it is estimated that 20 percent of all dentists are over the age of 60, and in about half of Iowa's counties, there are no dentists under age 35. U.S. DHHS. *Oral Health in America: A Report of the Surgeon General – Executive Summary*. Rockville, MD: U.S. DHHS.